12-10-04

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031 Please type a plus sign (+) inside this box -> |+| U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/707,522 TRANSMITTAL December 19, 2003 Filing Date **FORM First Named Inventor** Stites PATENT 8 **Group Art Unit** (to be used for all correspondence after initial filing) 3711 **Examiner Name** Blau Total Number of Pages in This Submission **Attorney Docket Number** 005127.00273 ENCLOSURES (check all that apply) After Allowance Communication to **Assignment Papers** Fee Transmittal Form Group (for an Application) Appeal Communication to Board of Fee Attached Drawing(s) Appeals and Interferences **Appeal Communication to Group** Amendment / Response Licensing-related Papers (Appeal Notice, Brief, Reply Brief) Petition After Final **Proprietary Information** Petition to Convert to a Status Letter Affidavits/declaration(s) **Provisional Application** Power of Attorney, Revocation Other Enclosure(s) Extension of Time Request **Change of Correspondence Address** (please identify below): Form PTO/SB/08b **Terminal Disclaimer** Express Abandonment Request **Copy of Cited Reference** Request for Refund Replacement Drawing Sheet **Certificate of Express Mail** Information Disclosure Statement CD, Number of CD(s) _____ **Return Receipt Postcard Certified Copy of Priority** Remarks Document(s) The Commissioner is hereby authorized to charge any additional fees or credit Response to Missing Parts/ any overpayment of fees to Deposit Account No. 19-0733. **Incomplete Application** Response to Missing Express Mail No. EL 995823052 US Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm William J. Allen or Banner & Witcoff, Ltd. Individual name Signature -Date December 9, 2004 **CERTIFICATE OF MAILING** 1 hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Typed or printed name Date Signature

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Effective on 12/08/2004.	Complete if Known		
uant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/707,522	

FOR FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known				
Application Number	10/707,522			
Filing Date	December 19, 2003			
First Named Inventor	Stites			
Examiner Name	Blau			
Art Unit	3/11			
Attorney Docket No.	005127.00273			

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account	Deposit Accour	nt Number: <u>19–07</u>	/33	Deposit A	ccount Name:_	Banner & W	Vitcoff,	Ltd.
For the above-ident	tified deposit	account, the Direc	ctor is hereb	y authorized to	o: (check all th	ıat apply)		
Charge fee(s	s) indicated b	elow		Char	ge fee(s) indic	cated below, exce	pt for the fi	ling fee
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under 37 CF WARNING: Information on thi			lit card inform				vide credit ca	rd
information and authorization	•	•						
FEE CALCULATION								
1. BASIC FILING, SEAI	•							
	FILING	FEES Small Entity	SEARC	H FEES Small Entity	_	TION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Pa	ld (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		<u></u>
2. EXCESS CLAIM FEE	ES			~		•		Small Entity
Fee Description	3 2% ·		22 1				Fee (\$)	Fee (\$)
Each claim over 20 or, for	•	•			•		50	25 100
Each independent claim Multiple dependent clair		or Keissues, eac	n independ	jent claim m	ore than in t	ne originai paid	ent 200 360	100 180
• •	Extra Claim	<u>rs Fee (\$)</u>	Fee Pai	id (\$)	Multiple D	ependent Claims		100
	•	_ x			Fee (\$)		-	
HP = highest number of total	·		D-1	. 4 (4)				
	Extra Claim		Fee Pai	<u>d (\$)</u>				
- 3 or HP =x = HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other: IDS Fil	ing Fee		-	•			\$180	0.00

SUBMITTED BY			
Signature	William 1. allen	Registration No. (Attorney/Agent)	Telephone 312-463-5000
Name (Print/Type)		51,393	Date 12/09/2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Attorney Docket No. 005127.00273

Express Mail No. EL 995823052 US Deposited December 9, 2004

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By:

Stites, et al., U.S. Patent Application No. 10/707,522 for "Golf Club Head Having a Bridge Member"

- > Transmittal Form
- > Fee Transmittal
- > Amendment (9 pages)
- ➤ 1 Replacement Sheet of Drawings (Figs. 3-5)
- Information Disclosure Statement (1 page)
- Form PTO/SB/08b
- > Return Receipt Postcard